

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

| | | |
|--|---|-------------------|
| Legal Name of the Licensee KPAX COMMUNICATIONS, INC | | |
| Mailing Address 1049 W CENTRAL AVE | | |
| City MISSOULA | State or Country (if foreign address) MT | ZIP Code 59801 |
| Telephone Number (include area code) 406-542-4400 | E-Mail Address (if available) | |
| | Facility ID Number 35455 | Call Sign KPAX |

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☐ Radio ☒ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

| Call Sign | Facility ID Number | Type (check applicable box) | Location (city, state) |
|-----------|--------------------|--|---------------------------|
| KPAX TV | 35455 | <input type="checkbox"/> AM <input type="checkbox"/> FM <input checked="" type="checkbox"/> TV | MISSOULA, MT |
| K18AJ | 35455 | <input type="checkbox"/> AM <input type="checkbox"/> FM <input checked="" type="checkbox"/> TV | KALISPELL, MT |
| | | <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV | |
| | | <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV | |
| | | <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV | |
| | | <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV | |
| | | <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV | |
| | | <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV | |

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE)

8/12/00-8/25/00

B. CHECK APPLICABLE BOX

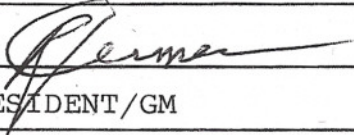
- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

| | |
|---|---|
| Signed  | Print Name ROBERT J HERMES |
| Title PRESIDENT/GM | Telephone No. (include area code) 406-542-4400 |
| Date 8/29/00 | |

SECTION V - EMPLOYEE DATA

| A. FULL-TIME PAID EMPLOYEE DATA | | MALE | | | | | FEMALE | | | | |
|------------------------------------|-------|----------------------------|----------------------------|----------|---------------------------------|--|----------------------------|----------------------------|----------|---------------------------------|--|
| JOB CATEGORIES | TOTAL | WHITE (NOT HISPANIC) | BLACK (NOT HISPANIC) | HISPANIC | ASIAN OR PACIFIC ISLANDER | AMERICAN INDIAN, ALASKAN NATIVE | WHITE (NOT HISPANIC) | BLACK (NOT HISPANIC) | HISPANIC | ASIAN OR PACIFIC ISLANDER | AMERICAN INDIAN, ALASKAN NATIVE |
| | (a-j) | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
| OFFICIALS & MANAGERS | 8 | 6 | | | | | 2 | | | | |
| PROFESSIONALS | 16 | 8 | | 1 | | | 6 | | | 1 | |
| TECHNICIANS | 7 | 7 | | | | | | | | | |
| SALES WORKERS | 9 | 6 | | | | | 3 | | | | |
| OFFICE & CLERICAL | 3 | | | | | | 3 | | | | |
| CRAFT WORKERS (SKILLED) | | | | | | | | | | | |
| OPERATIVES (SEMI-SKILLED) | | | | | | | | | | | |
| LABORERS (UNSKILLED) | | | | | | | | | | | |
| SERVICE WORKERS | | | | | | | | | | | |
| TOTAL | 43 | | | | | | | | | | |

**B. PART-TIME PAID
EMPLOYEE DATA**

| | | MALE | | | | | FEMALE | | | | |
|------------------------------|----------------|-----------------------------------|-----------------------------------|-----------------|--|---|-----------------------------------|-----------------------------------|-----------------|--|---|
| JOB CATEGORIES | TOTAL (a-j) | WHITE (NOT HISPANIC) (a) | BLACK (NOT HISPANIC) (b) | HISPANIC (c) | ASIAN OR PACIFIC ISLANDER (d) | AMERICAN INDIAN, ALASKAN NATIVE (e) | WHITE (NOT HISPANIC) (f) | BLACK (NOT HISPANIC) (g) | HISPANIC (h) | ASIAN OR PACIFIC ISLANDER (i) | AMERICAN INDIAN, ALASKAN NATIVE (j) |
| OFFICIALS & MANAGERS | | | | | | | | | | | |
| PROFESSIONALS | | | | | | | | | | | |
| TECHNICIANS | | | | | | | | | | | |
| SALES WORKERS | | | | | | | | | | | |
| OFFICE & CLERICAL | | | | | | | | | | | |
| CRAFT WORKERS (SKILLED) | | | | | | | | | | | |
| OPERATIVES (SEMI-SKILLED) | 12 | 8 | | | | | 4 | | | | |
| LABORERS (UNSKILLED) | | | | | | | | | | | |
| SERVICE WORKERS | 1 | 1 | | | | | | | | | |
| TOTAL | 13 | | | | | | | | | | |